

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015189

STATE FILE NUMBER

24226

FILED MAY 12 1959

Registration District No.

Primary Registration District No.

Registration No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3847 A. Page Blvd Length of stay in lb		d. STREET ADDRESS (If outside, give location) 3847 A. Page Blvd. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Dewey Victor Johnson Jr. First Middle Last		4. DATE OF DEATH Month Day Year April 28, 1959	
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 29, 1925
9. AGE (In years last birthday) 33		10. IF UNDER 1 YEAR Months Days Hours Min. 3 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Disable Veteran		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Detroit Mich.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Dewey V. Johnson Sr.		13b. MOTHER'S MAIDEN NAME Bessie Lumpkins	
14. NAME OF HUSBAND OR WIFE Cathrine Johnson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes U.S. Army # 2	
16. SOCIAL SECURITY NO. 500-30-7630		17. INFORMANT Bessie Simms Address 3847 A. Page Blvd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured Aneurysm Circle of Willis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - ? DUE TO (c) ? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED - WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from April 28 to April 28 and last saw her alive on April 28, 1959 Death occurred at 10:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Walter G. Gaunce MD (Degree or title)	
22b. ADDRESS 4635 Easton		22c. DATE SIGNED 4/29/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/4/1959	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
24. FUNERAL DIRECTOR Wright Funeral Home 3100 Easton Ave.		25. DATE REGD. BY LOCAL REG. APR 30 59	
26. REGISTRAR'S SIGNATURE Earl Smith. M.D.			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Anthony L. Hurlbird

Licensed Embalmer No. 4221
P. O. Address 3100 Eastern

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.